DECEINED

SECENAL S SEE

VS. A15 8-51 MA

| | MARYLAND STATE DEPARTMEN | NT OF HEALT. | H—BALTIMORE, 18 | 05524 | | | |
|--|--|-------------------|---------------------------------------|------------------------------|--|--|--|
| correct | 5517 CERTIFICATI | E OF DEAT | H Reg. Dist | No. 100-00-9 | | | |
| S | 1. PLACE OF DEATH: | 2. USUAL RESIDEN | NCE (HOME) OF DECEASED: | | | | |
| Pi . | COUNTY Charles Co MARYLAND | STATE MINO | COUNTY Charle | 20. Pa | | | |
| y. | CITY (If outside corporate limits, write RURAL LENGTH OF STAY | - Elf W | corporate limits, write RURAL an | nd give nearest town) | | | |
| full | OR and give nearest town) (in this place) | OR TOWN Poss | a Park m | 1. X | | | |
| carefully. Tand legibly. | HOSPITAL OR | STREET | (If rural, give location |) | | | |
| n car | INSTITUTION OR STREET ADDRESS | ADDRESS | | | | | |
| tio | 3. NAME OF (First) (Middle) | (Last) | 4. DATE (Month) (Da | y) (Year) | | | |
| rmatior | DECEASED: (Type or Print) Edward Paul D | RINKS | DEATH: Jane 1 | 13 0 0 | | | |
| Supply every item of information write the causes of death clearly s | RACE: WIDOWED, DIVORCED, | OF BIRTH: | 9. AGE last birthday: IF UNDER Months | Days Hours Min. | | | |
| of de | 10a, USUAL OCCUPATION (Give kind of 10b, KIND OF BUSINESS O | | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| em s of | work done during most of working life, INDUSTRY: even if retired): | Charles | Ca mal. | COUNTRI | | | |
| y it use | 18. FATHER'S NAME: | 14. MOTHER'S MAI | DEN NAME: | | | | |
| ver | Charles Drinks | anna | C Bingles | | | | |
| y e | 15. WAS DECEASED EVER IN U.S. ABMED FORCES 7 16. SOCIAL SECURITY NO.: 17. (Yes, no, or unk.) (If Yes, give war or dates of | . INFORMANT & ADI | DRESS: | A 1 | | | |
| ite | Of service) 2/2-18-576// A | Jester Drin | les Poper Cr | ech md. | | | |
| | 18. MEDICAL | INTERVAL BETWEEN | | | | | |
| INK. | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | / | | ONSET AND DEATH | | | |
| ple | Immediate cause (a) Coman | Syriana | | | | | |
| UNFADING Physicians: p | Antecedent cause(s) | 3 mia. | | | | | |
| AD] | Diseases or conditions, if any, (b) | My aus | | | | | |
| VF. | stating underlying cause last | and main | | if years. | | | |
| E P | II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not | Wind and | | | | | |
| WITH | related to the disease or condition causing death. | | | 1 20. AUTOPSY? | | | |
| WI | 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: | | | Yes No P | | | |
| PLAINLY, WITH specially important. | 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) HOMICIDE INJURY | t, (CITY OR TO | WN) (COUNTY) | (STATE) | | | |
| TE PLAINL is especially | TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJUR | Y OCCUR? | | | | |
| PL. | INJURY M. work at work | | | | | | |
| 0.4 | 22. I hereby certify that I attended the deceased from Aldry 19 La, to 19 Jan, that I last saw the deceased | | | | | | |
| WRITE age is e | alive on | 3.11. A.m., fro | m the causes and on the da | te stated above. | | | |
| | SIGNATURE/ (DEGREE OR TITI |) ADDRESS / | Mata. Md. | 15 Luis | | | |
| SE | | RY OR CREMATORY | LOCATION (City, town, or | county) (State) | | | |
| PLEASE | REMOVAL (Specify): June 17 1955 Christ Chu | unch Cemeter | | M. | | | |
| PL | DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE REG. | 24. FUNERAL DIR | ECTOR V | ADDRESS | | | |
| | 6/16/5.5 Julia A- Josey | - Course | Junean Home | JAN C | | | |
| | | 1-12/1/20 | To mod. | | | | |

BECEINED

JUN 20 1955

MARYLAND STATE DEPARTMENT OF HEALTH

5518

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No 100

| · 0 | | |
|--|--|--|
| The | I. PLACE OF DEATH. | 2. USUAL RESIDENCE (HOME) OF DECEASED. |
| 5 | COUNTY Charles MARYLAND | STATE MALL COUNTY |
| ×. | CITY (If outside corporate limits, write RURAL and LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give nearest town) |
| = 6 | OR give nearest town (in this place) | OR 711 1/ A D |
| gil | TOWN ORES CREEK | TOWN Ob Mane. |
| leg | HOSPITAL OR | STREET (If rural, give location) |
| 0.0 | INSTITUTION OR STREET ADDRESS | ADDRESS |
| ar | | A DAME (AV. A) (Day) |
| ly it. | 3. NAME OF (First) (Middle) | (Last) (A. DATE (Month) (Day) (Year) |
| ar | (Type or Print) A LITCAME | DEATHRING /6 1955 |
| of information carefully. death clearly and legibly. | 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED. | 8. DATE OF BIRTH 9. AGE iget birthday If under 1 year If under 24 hrs. |
| nf p | WIDOWED, DIVORCED, | 9-15-93 61 yrs. Months Days Hours Min. |
| fi | 10a. USUAL OCCUPATION (Give kind of work 10b/ Kind of Business or | 1 11 DYDMITHE ACC (CLASSICAL CONTROL OF WITHOUT OF WITH |
| de | 10a. USUAL OCCUPATION (Give kind of work 10b) Kind of Business on done during most of working life per if refired Industry | COUNTRY S |
| E | nesista. | |
| S | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| 28 | ANTIVAR HOLL | + no Seriel as allos de a |
| every item | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
| ev | (Yes, no, or unknown) (If yes, give war or dates of | 2. 40 |
| th. | laervice) | My. Headare / Heal |
| Supply write the | 18. MEDICAL CE | RTIFICATION |
| In I | L. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| N 3 | " DISBASES OR CONDITIONS DIRECTED LEADING TO DEATH | |
| INK. please | 4001 Cour | ry Celusian 6-16.55 |
| F S | Immédiate cause (a) | |
| 10 | Antecedent cause(s) | |
| Q 83 | Diseases or conditions, if any, (b) | |
| Za | giving rise to the above cause | - 121 1 1 1 2 1 1 1 2 1 1 2 1 1 2 1 2 1 |
| ie. D | stating the underlying cause last | |
| A | (r) | |
| Ph | II. OTHER SIGNIFICANT CONDITIONS | |
| 5 . | Conditions contributing to the death but not related to the disease or condition causing death. | |
| WITH UNFADING nportant. Physicians: | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| T. Ea | A STATE OF S | |
| Ea | | Yes No |
| /A is | 21. EXTERNAL CAUSE WAS PRIMARY OF OF Office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| | PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. | |
| 2= | TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCUR? |
| ZE | OF While at Not while | |
| WRITE PLAINLY, WITH U | INJURY m. work at work | |
| 7 % | 22 'I certify that I took charge of the remains described above held an A | Interves T Inspection Tonnier T thereon and from the evidence |
| Y. Y. | 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece | ased died on the day stated above and death in my animin resulted |
| ਜ਼ | from: natural causes accident , suicide , homicide , | undetermined 12 |
| 1 | SIGNATURE (Degree of title) | ADDRESS / DATE SIGNED |
| ~ | | The the |
| = | () will the | (Xa) let 114 6-11.55 |
| Œ | 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE | RY OR CREMATORY LOGATION (City/town, or county) (State) |
| SY | REMOVAL (Specify) | Continue (or other country) (State) |
| E | Trest Kine 18, 27 lellor. | Till Seelland Mg. |
| PLEAS | DATE REC'D BY LOCAL REGISTRAR'S SIGNAPORE | 24. FUNERAL DIRECTOR ADDRESS |
| 114 | 6/17/1-1 Julia Maso. | Thelast Funeral Home |
| | | |
| | | Istolote md. |
| | | outrale . Il |

NIARGIN RESERVED FOR BINDING

The correct age

JUN 20 1955

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Later Valle

Male White

Physians Memoral Hosp. of Homes Street

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HOWARL THE 22, 55 1104 51

Mid Charles

4 1 Indian Heid

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BUREAU V. S.

SGET AS NOT

5520

CERTIFICATE OF DEATH

| 1 | FOR MEDICAL | L EXAMINERS | Reg. Dist. I | No. 100 |
|--|--|---|--|--|
| I. PLACE OF DEATH. | MARYLAND | 2. USUAL RESIDENCE (HOSTATE THOUSE | ME) OF DECEASED. | Mary land |
| CITY (If outside corporate limits, write RURAL OR give nearest town) | | CITY (If outside corporate OR TOWN Change | and the same of th | give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | Sterlio | STREET ADDRESS 4662 | (If rural, give location) | 11.1 |
| 3. NAME OF (First) DECEASED | (Middle) NCC | -> KINE DARAVICIO | OF (Month) | (Day) (Year) |
| | ANTH ONY SINGLE, MARRIED, WIDOWED, DIVERGED, (Specify) | KVEDAR 9. DATE OF BIRTH 9. | AGE last birthday If under Month | er I year If under 24 hrs Days Hours Min. |
| 10a. USIVAL OCCUPATION (Give kind of work 1 done during most of working the even if retired) | Ob. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or fo | | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME | vedan- | 14. MOTHER'S MAIDEN N | AME, | 1). 1 |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADD | RESS | Chry Chque |
| FO | 18. MEDICAL CE | RTIFICATION | <u> </u> | 1 |
| I. DISEASES OR CONDITIONS DIRECTLY LE | ADAMS TO DEATH | 1 | , 1 | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) | brown | my celu | sion | 6-1-50 |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause | ardio - /a | daulen Ken | el Disine | |
| stating the underlying cause last | | | | |
| U. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Fell from run | w-bost - prob | due then | 6-1-55 |
| 19a. DATE OF OPERATION 19b. MAJOR FIN | DINGS OF OPERATION | | | 20. AUTOPSY? |
| 21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH. | (Hnme, farm, factory, street, office bldg., etc.) | (CITY OR TO | VN) (COUNT | Yes No (STATE) |
| TIME (Month) (Day) (Year) (Hour) IN OF W | NJURY OCCURRED hile at Nnt while work at work | HOW DID INJURY OCCU | R? | |
| 22. I certify that I took charge of the remains obtained by said Autopsy, Inspection or Infram: fnatural courses, accident SIGNATURE | nguru, una that said dece | ased died on the day stated a | Inquiry \tag thereon and bove, and death in my | from the evidence opinion resulted |
| 1- Jelelen | HW X | at late) | ul | 6-2.55 |
| 2° MORIAL CHEMATION DATE THEREOF Swill Species 6/4/55 | NAME OF CEMETE | RY OR CREMATORY LOC | ATION (City, town for cou | nty) (State) |
| REG. 6/2/55 REGISTRAR'S SIG | V. Pasey | 21. FUNERAL DIRECTOR | Rym Wa | ADDRESS (no |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

100 S 10EE

MEGEINE

| MARYLAND STATE DEPARTMENT OF HEAD | TH—BALTIMORE, 1805528 |
|---|--|
| 5521 CERTIFICATE OF DEA | TH Reg. Dist. No. 10-0 |
| I. PLACE OF DEATH: 2. USUAL RESI | ENCE (HOME) OF DECEASED: |
| COUNTY CALLY MARYLAND STATE K- | COUNTY Owen |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outsi | corporate limits, write RURAL and give nearest town) |
| OR and give nearest town) TOWN OR TOWN OR TOWN | Solantan 55x.3 |
| HOSPITAL OR STREET ADDRESS | (If rural, give location) |
| STREET ADDRESS Sugareme Memory Hospital | |
| NAME OF DECEASED: (Middle) (Last) | 4. DATE (Month) (Day) (Year) OF DEATH: 20 19 |
| (Type or Print) | DEATH: 0 20 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| RACE: WIDOWED, DIMORCED, | Months Days Hours Min. |
| 0s. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLA | EE (State or foreign country): 12. CITIZEN OF WHAT |
| oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | COUNTRY? |
| 3. FATHER'S NAME: 14. MOTHER'S M | AIDEN NAME: |
| Disia Clause Marca milder | Lawing Sheene |
| 5. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY NO.: 17. INFORMANT & A | DDRESS: |
| 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & 19. No.: 17. INFORMANT & 19. No.: 17. INFORMANT & 19. No.: 19. | a Att adeston Ke |
| 18. MEDICAL CERTIFICATION | 18 46 |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH |
| 776 X | 1 mils - 6-20-53 |
| Immediate cause (a) June 10 | |
| Antecedent cause(s) | |
| Diseases or conditions, if any, giving rise to the above cause DUE TO | |
| stating underlying cause last (c) | |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not | |
| related to the disease or condition causing death. | 1 20. AUTOPSY? |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: | Yes No |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CFTY OR | |
| SUICIDE OF office bldg., etc.) HOMICIDE INJURY | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJ | URY OCCUR? |
| OF While at Not while INJURY M. work at work | |
| 22. I hereby pertify that I attended the deceased from | 6 -20, 194. , that I last saw the deceased |
| alive on all alive on and that death occurred at mm, | rom the causes and on the date stated above. |
| SIGNATURE DEGREE OR TITLE) ADDRESS | PATE SIGNED |
| (delen mx) | Well / ML 6-21-5 |
| 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATO | Y LOCATION (City, town, or county) (State) |
| 12 I The De 18. 21. 19 1/2 167 Rest Consecut | RECTOR ADDRESS |
| DATE REC'D BY LOCAL OF SUSTRAR'S SIGNAPOSE 24. FUNERAL I | + of 07 hand of a |
| 1/21/33 Julia H. Julia | 1 June 19 June Jac |
| 2065241210 La | reterma. |

SS61 88 NUL

2361 72 NUL

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5523

CERTIFICATE OF DEATH

05530 Reg. Dist. No. 106

| 1. PLACE OF DEATH- COUNTY CHARLES | | 2. USUAL RESIDENCE (HOME) OF DECEASED. Charles | | |
|--|--|--|------------------------|--|
| | MARYLAND | | CINIX Marylan | EXECUTE OF THE PROPERTY OF THE |
| CITY (If outside corporate limits, write RURA | AL and LENGTH OF STAY (in this place) | OR | | L and give nearest town) |
| Y TOWN give nearest town) ac Heights | 3 yrs 13a | TOWN HUNTINET | | |
| HOSPITAL OR INSTITUTION OR 22 Compage | 77.000 | ADDRESS OF W | (If rural, give loc | |
| OSTREET ADDRESS 22 Cypress | | LAZZZANINI LAZZZANINI | | Cypres Place |
| 3. NAME OF (First) DECEASED | (Middle) | (Last) | 4. DATE (Mot | |
| (Type or Print) Stephen | Robert | NIELSEN 18. DATE OF BIRTH | 9. AGE last hirthday I | ne 9 155 If under 1 year If under 24 hrs. |
| 6. COLOR OR RACE Male Caucasian | 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) Infant | May 23, 1955 | yrs. | Months. Days Hours Min. |
| 10- HOLLAT OCCUPATION (Glue kind of work | 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State o | 9-04 | 12. CITIZEN OF WHAT |
| done during most of morking life, even if retired) | Industry Consider | USNH, Bethesda | Maryland | COUNTRY? U.S. |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN | | |
| Robert Einar NIELSEN | | Katherine An | n NASH | |
| 15. Was DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If year, give war or dates of | ? 16. SOCIAL SECURITY NO. | 17. INFORMANT AND | ADDRESS J.S. L | ENZNER, |
| (11 year, give war of dates (| | Infirmary, N | r, Indian He | ead, Maryland |
| 7 | 18. MEDICAL CE | RTIFICATION | | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY | LEADING TO DEATH | | | ONSET AND DEATH |
| 340.3 | De la se | about Colon | A CONTRACTOR | 1. Runh |
| Immediate cause (a)-(- | | | | |
| Antecedent cause(s) | 1 - 0 | | . 7. | ELE DIE SERVICE |
| Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last | mone 7 | nevery | Mas | |
| | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not | th. | | | *************************************** |
| IL OTHER SIGNIFICANT CONDITIONS | h. FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat | th. FINDINGS OF OPERATION | | | 20. AUTOPSY? Yes ₹ No □ |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA OF | FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) | (CITY OR 1 | OWN) (C | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA OF HOMICIDE INJUSTIME (Month) (Day) (Year) (Hour) | FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) JRY INJURY OCCURRED | (CITY OR T | | Yes No 🗆 |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) OF OF OF HOMICIDE OF INJU | FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) JRY | | | Yes No 🗆 |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA OF HOMICIDE INJUITION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA OF HOMICIDE INJUITION 19b. MAJOR 1 21. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 22. ACCIDENT (Specify) PLA OF HOMICIDE INJUITION 19b. MAJOR 1 23. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 24. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 25. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 26. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 27. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 28. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 29. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 21. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 21. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 21. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 21. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 21. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 22. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 23. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 24. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 25. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 26. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 27. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 28. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 29. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 21. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 26. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 27. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 28. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 29. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 20. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 20. ACCIDENT (Specify) OF HOMICIDE INJUITION 19b. MAJOR 1 20. ACCIDENT (Specify) OF HOMICIDE INJUI | CE (Home, farm, factory, street, office bldg., etc.) JRY INJURY OCCURRED While at Not While Work At work | HOW DID INJURY OC | CURT | Yes No COUNTY) (STATE) |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA OF HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I hereby certify that I attended th | CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work | 110W DID INJURY OC | CUR? | Yes No COUNTY) (STATE) I last saw the deceased |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA OF SUICIDE (Month) (Day) (Year) (Hour) OF INJURY m. 22. I hereby certify that I attended the alive on 19 many 19 m., and 19 m. | CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from D.O.A. | now did injury oc., 19, to | CUR? | Yes No COUNTY) (STATE) I last saw the deceased date stated above. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA OF HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I hereby certify that I attended th | CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work | 110W DID INJURY OC | CUR? | Yes No COUNTY) (STATE) I last saw the deceased |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA OF HOMICIDE INJUITED INJUIT | FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from D. O. A ad that death occurred at (Degree or title) | HOW DID INJURY OC. 19, to | causes and on the | Yes No COUNTY) (STATE) I last saw the deceased date stated above. DATE SIGNED 9 June 1955 |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA OF HOMICIDE INJUINE (Month) (Day) (Year) (Hour) OF INJURY m. 22. I hereby certify that I attended the alive on 19 man and SIGNATURE | FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from D. O. A ad that death occurred at (Degree or title) | HOW DID INJURY OC. 19, to | causes and on the | Yes No COUNTY) (STATE) I last saw the deceased date stated above. DATE SIGNED 9 June 1955 |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA OF HOMICIDE INJUCTURE (Month) (Day) (Year) (Hour) OF INJURY m. 22. I hereby certify that I attended the alive on 19 man and SIGNATURE 13. BURIAL CREMATION DATE REMOVAL (Specify) PLA OF INJURY m. | CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from D. O. A Ind that death occurred at NR NAME OF CEMETE | HOW DID INJURY OC. 19, to | causes and on the | Yes No COUNTY) (STATE) I last saw the deceased date stated above. DATE SIGNED 9 June 1955 1, or county) (State) |
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| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA OF HOMICIDE INJURY (Hour) OF INJURY m. 22. I hereby certify that I attended the alive on 19 major | CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from D. O. A Ind that death occurred at NR NAME OF CEMETE | HOW DID INJURY OC. 19, to | causes and on the | Yes No COUNTY) (STATE) I last saw the deceased date stated above. DATE SIGNED 9 June 1955 1, or county) (State) |

BECENAED

BUREAU V. S.

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Ordinary Dens

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5524 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

05531 Reg. Dist. No.

| Charles tside corporate lin iva nearest town) aldori (TO DR N OR DRESS | nits, write RURA | MARYL LENGTH | | | Maryland tside corporate | imits, write RUR | | Charle ve nearest | |
|--|--|---|--|--|--|---|--|--|---|
| ive nearest town) aldori (17) OR N OR DRESS | nits, write RURA | L LENGTH | OF STAY | CITY (If our | tside corporate | imits, write RUR | | | |
| OR N OR DRESS | | | | | | n | | X | |
| (First) | | | | STREET ADDRESS | HOLE COT 2 | (If rural give loc | ation) | 1 | |
| JOHN | OSCAR | Middle) PROC | CTOR | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) 19 45 | - |
| s. COLOR OR RACE: | 7. SINGLE, MA WIDOWED, I (Specify/AR) | PIVORCED, | SEPT: | 10 1 905 | 49 | birtiday: IF UNDI Month | s Days | Hours 1 | Min. |
| uring most of work | ing life. Il | IND OF BUNDUSTRY: | ISINESS OR | | | | 12. CIT1Z COUN US | EN OF Y | WHAT |
| AME: | | | | 14. MOTHER'S M | AIDEN NAME | | | | |
| A. Proctor | | | | Ma | ry Procto | r | | | |
| D EVER IN U.S. ARM (If Yes, give war service) | ed Forces? 16. So or dates of | CIAL SECURIT | | | | Waldorf, | Md. | | |
| t causes (s) conditions, if any to the above caus | DUE TO (b) DUE TO | Carci | rome | a of the | flal | ler | | yes | V_ |
| intributing to the | TIONS leath but not | | | | | | | | |
| PERATION: 191 1934 (Specify) | PLACE (Hor | and of k | Valler | Hydrouse JEITY OR TO | less ky | (COUNTY) | esta | Yes N | |
|) (Day) (Year) | (Hour) 1NJU While | RY OCCURI | ED While | V | URY OCCUR? | V | | | |
| B. Ber | tended the dece | eased from eath occur | red at 7.: | -17-64 51 | com the cause | | DATE S | ed above | e. P, |
| | uring most of work red) Tavern Or NAME: A. Proctor DEVER IN U.S. ARMI (If Yes, give war service) OR CONDITIONS The cause of cause of conditions, if any to the above cause underlying cause Interpretation of the disease or conditions of the disease of of the diseas | uring most of working life, red) Tavern owner NAME: A. Proctor DEVER IN U.S. ARMED FORCES? 16. So 1 (If Yes, give war or dates of service) 18. M DR CONDITIONS DIRECTLY LEAD CE cause (a) | uring most of working life, red) Tavern owner NAME: A. Proctor DEVER IN U.S. ARMED FORCES? If It is Social Security (If Yes, give war or dates of service) 18. MEDICAL CE DIR CONDITIONS DIRECTLY LEADING TO DEVELOPE TO SECURITY (In It is a service) 18. MEDICAL CE DIRECTLY LEADING TO DEVELOPE TO SECURITY (In It is a service) 18. MEDICAL CE DIRECTLY LEADING TO DEVELOPE TO SECURITY (In It is a service) (a) DUE TO SECURITY (In It is a service) (b) SECURITY (In It is a security to the death but not edisease or condition causing death. PERATION: 19b. MAJOR FINDINGS OF ONE SECURITY (In It is a security to the death but not edisease or condition causing death. PERATION: 19b. MAJOR FINDINGS OF ONE SECURITY (IN IT IN IT | uring most of working life, red) Tavern owner NAME: A. Proctor DEVERIN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION OR CONDITIONS DIRECTLY LEADING TO DEATH DUE TO At causes (s) conditions, if any, to the above cause underlying cause last. ONIFICANT CONDITIONS DUE TO ONIFICANT CONDITIONS OR OPERATION OF CONDITIONS OF OPERATION OF CONDITIONS O | uring most of working life, red) Tavern owner NAME: A. Proctor D. Ever In U.S. Armed Forces? 16. Social Security No.: 17. Informant & Elizabeth P 18. MEDICAL CERTIFICATION DR CONDITIONS DIRECTLY LEADING TO DEATH C. Cause (a) DUE TO It causes (s) conditions, if any, to the above cause underlying cause last. OR CONDITIONS DIFFICANT CONDITIONS Ontributing to the death but not edisease or condition causing death. PERATION: 19b. MAJOR FINDINGS OF OPERATION PERATION: 19b. MAJOR FINDINGS OF OPERATION OF COMMAND AND COURED While at Not While m. Work At Work 1 INJURY Certify that I attended the deceased from, 1955, and that death occurred at 7. 755, and that de | uring most of working life, red) Tavern owner A. Proctor A. Proctor Dever In U.S. Armed Forces? 16. Social Security No.: 17. Informant & Address: Elizabeth Proctor, 18. Medical Certification OR CONDITIONS DIRECTLY LEADING TO DEATH Due to cause (a) Conditions, if any, to the above cause underlying cause last. Due to (c) NIFICANT CONDITIONS of OPERATION of desarrow or condition causing death. PERATION: 19b. MAJOR FINDINGS OF OPERATION (Specify) PLACE (Home, farm, factory, street, Office bldg, etc.) PLACE (Home, farm, factory, street, Office bldg, etc.) OR (Specify) (Year) (Hour) INJURY OCCURED While m. Work At Work Information the cause of the cause | uring most of working life, lindustry: Charles Co, Md. A. Proctor DEVER IN U.S. ARMED FORCES? I6. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION DR CONDITIONS DIRECTLY LEADING TO DEATH Conditions, if any, to the above cause underlying cause last. NIFICANT CONDITIONS ONTRIBUTION: 19b. MAJOR FINDINGS OF OPERATION PERATION: 19b. MAJOR FINDINGS OF OPERATION HIGH Conditions of the death but not e disease or condition causing death. PERATION: 19b. MAJOR FINDINGS OF OPERATION PLACE (Home, farth, factory, street, office bldg, etc.) INJURY OCCURED While at Not While Mork I Not While Mork I Not While Mork I At Work I Not Work I At Work I From the causes and on the control of the death occurred at 7. 7. A. from the causes and on the control of the death occurred at 7. 7. A. from the causes and on the control of the death occurred at 7. 7. A. from the causes and on the control of the death occurred at 7. 7. A. from the causes and on the control of the death occurred at 7. 7. A. from the causes and on the control of the death occurred at 7. 7. A. from the causes and on the control of the death occurred at 7. 7. A. from the causes and on the control of the death occurred at 7. 7. A. from the causes and on the control of the death occurred at 7. 7. A. from the causes and on the control of the death occurred at 7. 7. A. from the causes and on the control of the death occurred at 7. 7. A. from the causes and on the control of the death occurred at 7. 7. A. from the causes and on the control of the death occurred at 7. 7. A. from the causes and on the control of the death occurred at 7. 7. A. from the causes and on the control of the death occurred at 7. 7. A. from the causes and on the control of the death occurred at 7. 7. A. from the causes and on the control of the death occurred at 7. 7. A. from the causes and on the control of the death occurred at 7. 7. A. from the causes and on the control of the death occurred at 7. 7. A. from the cause of the d | uring most of working life, INDUSTRY: Charles Co, Md. US A. Proctor DEVERINUS.ARMED FORCES 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: | uring most of working life, red) Tavern Owner A. Proctor Dever IN U.S. Armed Forces? Off review of the cause (a) Occupitions of the death but not edisease or condition causing death. PERATION: IS. MAJOR FINDINGS OF OPERATION OF Off office bldgs et.) OF Office bldgs et.) OF OBj (Year) (Hour) INJURY OCCURED While m. Work INJURY OCCURED While at Not while m. 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| | NT OF HEALTH—BALTIMORE, 18 05532 E OF DEATH Reg. Dist. No. /000 |
|---|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| | |
| COUNTY CHARLES MARYLAND | STATE MARYLAND COUNTY CHARLES |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give nearest town) |
| OR and give nearest town) (in this place) | TOWN LA PLATA |
| HOSPITAL OR | STREET (If rural, give location) |
| INSTITUTION OR PHYSICIANS MEMORIAL HOSPITAL | ADDRESS |
| 8. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) |
| DECEASED: (Type or Print) Lunda, Col. SPAL | DING DEATH: JUNE 9 1955 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE | OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. |
| PACE. WIDOWED DIVORCED | Months Days Hours Min. |
| FEMALE WHITE-U.S. (Specify): SINGLE QUE | 3 18 1948 (2 yrs.) |
| mania dona damina mana ad maniala a 186. INDIGEDV. | R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? |
| even if retired): CHILD CHILD | swashington DC. US. |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| Classe S. Col. | 9 . 276 .00 |
| 15 WAS DECEASED FOUR IN TIS A PARED FOURES 2 TO SOCIAL SECTIONS NO. 17 | INFORMANT & ADDRESS: |
| (Yes, po, or unk.) (If Yes, give war or dates of | |
| NONE NONE | Charles snalding |
| 18. MEDICAL | CERTIFICATION |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH |
| 510.1 C T | 1 |
| Immediate cause (a) STATUS HYM | ICO-LYMPHATICUS 10 MINUTES |
| Auto-double-services | |
| Diseases or conditions, if any, (b) | DENOIDECTOMY 10 HOURS |
| giving rise to the above cause DUE TO stating underlying cause last | |
| (c) | |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? |
| VUNE 9,1955 MARKED ENLARGEMEN | T OF ALL TONSILLAR TISSUE YES NO EN |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| HOMICIDE INJURY | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCUR? |
| OF While at Not while work at work | |
| 22. I berehy certify that I attended the deceased from VINE | 9 1955 to Verieg 1955 that I last saw the deceased |
| aline on VIIIIE 9 1055 and that dotte | 9, 1955., to 1955, that I last saw the deceased 180 |
| alive on | |
| John N. He IL WEBERED ON THE | HUGHESUILLE, MARYLAND Blioks- |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE | RY OR CREMATORY LOCATION (City, town, or county) (State) |
| HEMOXAL (Specify): | West fault mandered Clarker |
| DATE RECO BY LOCAL PREDISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
| REG 6/11/61 | and to all all |
| - Julis Julia Dragen | winder Jumpal Home |
| | Soplater md. |

THE THE THEE

| | MARYLAND 5526 | O STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()55 CERTIFICATE OF DEATH Reg. Dist. No | |
|---|------------------|--|--|
| Н | [: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |

| 1. PLACE OF | DEATH: | | | | 2. USUAL RESIDE | NCE (HOME) OF DECEASED: | |
|-----------------------------------|---|-------------------|--|-----------------|-------------------|---------------------------------|------------------------------|
| COUNTY | CHARLES | | MARYL | AND | STATE VA. | COUNTY MONTGOM | ERY |
| | outside corporate lim | its, write I | RURAL LENGTH | OF STAY | CITY (It outside | corporate limits, write RURAL | and give nearest town) |
| OR and TOWN | give nearest town) | | 1 0 0 | is place) | OR ··· | | And give incarest town, |
| HOSPITAL | MARBURY | | 13 yr | rs. | | ACKSBURG (If rural, give locati | 001 |
| INSTITUT STREET A | ION OR | | | | STREET ADDRESS | (It rural, give locati | × . |
| 3. NAME OF | (First) | | (Middle) | <u> </u> | (Last) | 4. DATE (Month) (| Day) (Year) |
| DECEASEI (Type or P | D: Print) JOHN | F. W | ALL | | (Hast) | OF DEATH: June | 1 1967 |
| 5. SEX: | 6. COLOR OR RACE: | STITION | E, MARRIED, WED, DIVORCED, | 8. DATE | OF BIRTH: | 9. AGE last birthday: Months | |
| M | W | (Special | I DOWED | NOV. | 13 1869 | 85 yrs. | |
| | OCCUPATION (Given the during most of working): | e kind of | 10b. KIND OF BU INDUSTRY: | USINESS OR | VA. | (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER | S NAME: | , | | | 14. MOTHER'S MAI | DEN NAME: | |
| | PARIS WALL | | | | JOS | SEPHINE KEISTER | |
| 15. WAS DECE | ASED EVER IN U.S. ARM | ED FORCES? | 16. SOCIAL SECURIT | Y No.: 17. | INFORMANT & ADI | DRESS: | |
| Yes no, or u | nk.) (If Yes, give war service) | or dates of | NONE | e | JOHN WALL | INDIAN HEAD, | MD. |
| 1 | | | 18. | MEDICAL C | ERTIFICATION | | |
| 1990 | OR CONDITIONS D | 1 | LEADING TO DEA | TH: | Cotu | | ONSET AND DEATH |
| | Ate cause dent cause(s) | DUE TO | Datenia | P. A. T. | + Oles | +0 | 12 42/ |
| Diseases of | or conditions, if any, | (h)DUE TO | vavia | Jake | (fl) IF C | VI FARIOSC | |
| stating u | iderlying cause last | (c) | | / | | | |
| Conditions | GIGNIFICANT COND contributing to the d the disease or conditi | leath hut no | | | | | |
| | F OPERATION: 19 | | | ERATION: | | | 20. AUTOPSY? |
| () | | | | | | | Yes No |
| 21. ACCIDEN SUICIDE HOMICIL | | PLA OF INJU | CE (Home, farm, fa office bldg., etc.) IRY | ctory, street, | (CITY OR TO | WN) (COUNTY) | (STATE) |
| TIME (M | | | INJURY OCCUP | | HOW DID INJUR | Y OCCUR? | |
| OF INJURY | | М. | While at Not w | vhile ork [] | | | |
| | ov certify that I a | | | | 19 to | , 19, that I las | t saw the deceased |
| | | | | | | m the causes and on the d | |
| SIGNATU | RE | , and | | | ADDRESS | in the çauses and on the u | DATE SIGNED |
| | 1/ ren | KU | 6 | ~ <i>~</i> ~ | J · | L T OG I MIGHT (G) | (21.1) |
| REMOVA REMOVA | OKEMATION DAY U (Specify): 6- | re thereo | DF NAME O. | F CEMETER | Y OR CREMATORY | BLAKSBURG VA | r county) (State) |
| DATE REC | | GISTRAR'S | SIGNATURE | | 24. FUNERAL DIRE | ECTOR | ADDRESS |
| REG. | 0-1-55 2 | 20. 8 | 71 | B | HUNTT & RY | ON FUNERAL HOME, | WALDORF, MD. |
| | 1 | les. The | ery Southe | Land | 0 | , | |
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VS. A15 8-51



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CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

leg. Dist. No. 100

| 2 | for Medical | Reg. Dist. N | 0 |
|---|---|---|--|
| The | 1. PLACE OF DE TII- COUNTY MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED. | ry |
| fully ibly. | CITY (If outside corporate limits) write RURAL and LENGTH OF STAY OR give nearest town) (in this place) | CITY (If outside corporate limits, write RURAL and a OR TOWN | ive nearest town) 3 VOL. 4 |
| of information carefully death clearly and legibly. | HOSPITAL OR INSTITUTION OR Phys Menanial Harlet | STREET ADDRESS 832-7. (If rural, give location) | V |
| nation arly a | 3. NAME OF DECEASED (Type or Print) Lewis ALIDER+ | 10 ALCAN OF DEATH (Month) | (Day) (Year) |
| inforr th clea | 5. SEX. 6. COLOR OR RACE 7. BINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 9. AGE last birthday If under Month | |
| m of | done during most of working life, even if retired) 10b. Kind of Busiless or Industry | | 12. CITIZEN OF WHAT COUNTRY? |
| ry ite | Suller Willen | 14. MODREES MAIDEN NAME Jercell | 7. |
| y eve the ca | 15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no, or unknown) [11 yes. give war or dates of 200-05-789] | 8 Sile In Percell | |
| Supply every item write the causes of | I. DIȘEASES OR CONDITIONS DIRECTLY LEADY TO DEATH | RETIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| INK. please | 420. Immediate cause (a) | ty Occlusion | 6-17.W |
| _ | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause | <i>y</i> | an be be to any on your to the composition of the c |
| VFADING Physicians: | stating the underlying cause last (c) | | |
| 4 | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| WITH U important. | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | Yes No |
| = | 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bidg., etc.) (CAUSE OF DEATH. | (CITY OR TOWN) (COUNT | |
| VINL | TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m, work at work | HOW DID INJURY OCCUR? | |
| WRITE PLAINLY is especially | 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece | Autopsy , Inspection , Inquiry thereon and ased died on the day stated above, and death in my | from the evidence |
| RITE | from: natural causes of accident , suicide , homicide , SIGNATURE (Segree or title) | undetermined | DATE SIGNED |
| | 23. BURHAL, CREMATION DATE THEREOF NAME OF CEMEDE | RY OR CREMATORY LOÇATION (City, jown, or cop | $\frac{1}{1}$ $\frac{1}$ |
| PLEASE | DATE REGID BY LOCAL REGISTRAR'S SIGNATURE | | ADDRESS |
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

05536

FOR MEDICAL EXAMINERS Reg. Dist. No./00 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location ADDRESS (Month) (Day) (Year) 3. NAME OF Middle) (Last) DECEASED DEATH 1900 (Type or Print) 5. SEX 7. SINGLE MARRIED, WIDOVED, DIVOCED, (Specify) 9. AGE last birthday | If under I year | If under 24 hrs. 6. COLOR OR RACE Mooths | Days Hours | Min. 10a. USUAL OCCUPATION (Give kind of work done during most all working life, even if retired) 10b. KIND OF PUSINESS OR (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY 13. FATHER'S NAME Menous 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Yes [INJURY office pid PLACE (Home srpt, factory, street, 21. EXTERNAL CAUSE WAS (COUNTY) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY_OCCURRED While at ell From INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy [], Inspection , Inquiry [] thereon and from the evidence obtained by said Autopsy, Inspection or, Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 113 Accident X, suicide , homicide , undetermined SIGNATURE DATE SIGNED 23. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY (City, town, or county) DIOVAL (Surphy)

DECENTO

961 68 NN!